(b) if so, the locations thereof; and

(c) if not, the reasons therefor and by when these dispensaries arc proposed to be opened?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) to (c) The beneficiaries residing in Pitampura area are covered for obtaining Homocopathit/Ayurvedic treatment by the CGHS dispensary functioning at Dev Nagar, New Delhi. The CGHS network in different systems of medicine is gradually being expanded, subject to needs of beneficiaries and availability of resources.

Schemes for Health Improvement of Tribal Women in M.P., Rajaslhan and Assam

1764. SHRI SHIV CHARAN SINGH:
SHRI GOVINDRAM MIRI:

Will the PRIME MINISTER be pleased to state:

(a) What are the details of schemes/ projects for improvement of health of the tribal women in Madhya Pradesh, Rajasthan and Assam launched by the Ministry of Hcahh and Family Welfare during the last five years; and

(b) what has been the achievement level of each of these, as on date?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) and (b) In ordr to provide preventive, promotive, curative and rehabilitative helath care services for the improvement of heahh of the people including tribal women, since inception 4959 Sub-Centres, 633 Primary Helath Centres and 96 Community Health Centres have been established in tribal areas of Madhya Pradesh, 934 Sub-Centres, 171 Primary Health Centres & 26 Community Health Centres in tribal areas of Rajas-than; and 445 Sub-Centres, 74 Primary Health Centres and 34 Community Health Centres in tribal areas of Assam. Besides this, a number of Allopathic dispensaries/hospital mobile clinics. Homoeopathic and Ayurvedic dispensaries/hospitals have also been functioning to cater to health care needs of the people in tribal areas in these states, including women. Various National programmes to control/eradicate communic-able/non-communicablc diseases like National Malaria Eradication Programme, National Leprosy Eradication Programme, National TB Control Programme, National Programme for Control of Blindness, National AIDS Control Programme with Blood Safety & STD Control Programme, National Iodine Deficiency Disorders Control Programme, etc. have been in operation for improvement of health of all people including tribal women in these states.

In addition, under the Child Survival & safe Motherhood Programme interventions like immunisation. Control of diar-rhoeal disease and acute respiratory tract infection, essential maternal & new-born care and prophylaxis against Vitamin-A & Iron deficiency have been implemented to reduce morbidity & moratality of women and children in all districts in these States.

The State-wise physical achievements for the major disease Control Programmes are given below which cover all patients including women.

Malaria	Physical Achievement	Madhya Pradesh	Rajasthan	.Assam 28.67.740
	Blood Slides examined.	95.18.693	63.83.214	
(1996)		4,76,900		
Leprosy	Positive cases treated.	36.300	2.92.5846	1.73,631
	Cases detected		6.363	2.405
	Cases treated Cases	36.300	6.363	
(1996-97)	discharged Sputum	43.665	3.519	
T.B.	examined	1,35.0.50	70.662	2.405
				7,680
				7.280
(1996-97) Blindness	New cases detected Contract	90.858	69.344	28.103
(1996-97)	Surgery Performed	2.12.954	1.36.101	17,813

In respect of other measures includcc control of diarrhoea acute respitatory infection and maternal and child care the overall achievements depend on a number of factors like availability of drinking water, sanitation, literacy level, nutrition and it is not possible to quantify state-wise achievements as they vary on a locational basis.

Lack of Focus on AIDS by NACO

1765. SHRI YERRA NARAYANASWAMY: Will the PRIME MINISTER be pleased to state:

(a) whether it is a fact that NACO has not spent funds in a sustained and orderly manner during the last three years;

(b) whether it is also a fact that AIDS control has been ignored during the same period;

(c) what are the reasons for lack of focus on AIDS;

(d) whether Government are lying new emphasis and focus on the AIDS control programmes in the country; and

(e) if so, details thereof?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI RENUKA CHOWDHURY): (a) No, Sir.

(b) No, Sir.

(c) Docs not arise.

,(d) and (e) The expenditure on the implementation of the scheme since its commencement in 1992-93 has increased steadily as per following details:

1992-93	Rs. 29.41 crores
1993-94	Rs. 32.74 crores
1994-95	Rs. 44.00 crores
1995-96	Rs. 53.40 crores
1996-97	Rs. 114.41 crores.

The National AIDS Control Project which consists of the following components has made reasonable progress:—

(a) Strengthening the management capacity for HIV control;

(b) Promoting awareness and community support;

(c) Improving the Blood Safety and its rational use;

(d) Building Surveillance and clinical Management Capacity; and